

EMERGENCY DATA SHEET/EMBARKATION AUTHORIZATION

This form must be hand-carried to the ship and turned in during Tiger embarkation in addition to scanned and emailed to the ship's point of contact: 2012jcstigercruise@cvn74.navy.mil

Name: _____ Age: _____ T-shirt Size _____

Address: _____

Telephone Number: _____ Gender: _____

Your Sponsor's Name: _____ Rank/Rate: _____

Department, Squadron, or Detachment: _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Relationship to Tiger: _____

Telephone Number: _____

Address: _____

Physician Name: _____

Telephone Number: _____

Address: _____

Email Address: _____

EMBARKATION AUTHORIZATION

I hereby authorize the above named minor to embark in USS JOHN C. STENNIS (CVN 74) at _____ and disembark at _____. The minor's guardian while aboard USS JOHN C. STENNIS (CVN 74) will be the above named sponsor.

Signature of legal guardian

Signature of sponsor

MEDICAL CRITERIA FOR PROSPECTIVE TIGERS

1. Individuals with the following medical or physical conditions are excluded from participating in a Tiger Cruise.

- a. Major surgery within six months of embarkation
- b. Myocardial infarction (heart attack), stroke or other severe cardiac or vascular disease within six months of embarkation
- c. Bone fracture or other disability requiring a cast or use of crutches or a cane within four months of embarkation
- d. History of severe motion sickness/claustrophobia
- e. Any seizures within the last twelve months of embarkation
- f. Use of anti-coagulant medications (blood thinners)
- g. Type I (insulin-dependent) Diabetes Mellitus

2. Individuals with any of the following conditions must have a written medical clearance from a personal physician clearing that person to participating in a Tiger Cruise. This clearance must be sent to the Tiger's sponsor for review and approval by the ship's Senior Medical Officer, or dental officer if applicable, prior to confirming the Tiger's participation in the cruise. The ship's Senior Medical Officer is the final medical approval authority for participation in a Tiger Cruise for individuals exhibiting the following conditions:

- a. Angina pectoris or other heart disease
- b. Type II Diabetes Mellitus
- c. Severe visual impairment
- d. Hemophilia or HIV-positive
- e. Severe emphysema, asthma or reactive airway disease requiring regular medication
- f. Chronic lung disease unlisted above
- g. Epilepsy/seizure disorder currently requiring medication
- h. Active communicable diseases, such as tuberculosis and hepatitis
- i. Any prosthetic surgery or illness/disability, such as severe arthritis, that would limit moderate physical activity.
- j. Use of chronic immunosuppressive, pain or medication requiring refrigeration use
- k. Substance Abuse

3. Tigers should be advised of the limited medical treatment facilities aboard and that medical evacuation opportunities may not exist.
4. Tigers are responsible for bringing any medication they require aboard the ship with them.
5. Tigers who have a chronic disease or who are under treatment by a physician, should carry a copy of that portion of their medical record appropriate to the condition with them on the Tiger Cruise.

MEDICAL/DENTAL SCREENING FORM

Tiger's Name: _____ Age: _____

Sponsor's Name and Rank/Rate: _____

Sponsor's Division, Squadron or Detachment: _____

Name of parent or guardian filling out this form for a minor Tiger:

Does the Tiger have or has the Tiger had any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Disease/ Angina | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Chest Pain |
| <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Leg Cramps |
| <input type="checkbox"/> Gallbladder Problems | <input type="checkbox"/> Bleeding Problems/ Blood Clots |
| <input type="checkbox"/> Recent Illness | <input type="checkbox"/> Severe Tooth or Gum Problem |
| <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Stomach Ulcer | <input type="checkbox"/> Liver Problems |
| <input type="checkbox"/> Any recent injuries | <input type="checkbox"/> Substance Abuse |

Please explain below any of the conditions for which a yes answer has been provided to help us determine if the Tiger can safely participate. A statement from the Tiger's personal physician may be submitted (use back if needed):

Does the Tiger have any physical limitations or handicaps that restrict movement or full range of motion? ☐ Yes ☐ No

If yes, please explain:

Please list all of the Tiger's allergies (if none, state so):

Please list all of the Tiger's current medications (if none, state so):

Date of the Tiger's last Tetanus immunization, if known: _____

Has the Tiger ever suffered from motion sickness? () Yes () No

Has the Tiger ever suffered from claustrophobia? () Yes () No

Has the Tiger had surgery in the past six months? () Yes () No

Has the Tiger been hospitalized in the past 3 years? () Yes () No

Signature of Adult Tiger
or Guardian of Minor Tiger

DATE

For Medical Department Use Only:

Medically Cleared: () Yes () No

Signature of Senior Medical Officer

**WAIVER OF CLAIM AND CONSENT TO TREATMENT FORM RELATING TO EMERGENCY
MEDICAL AND DENTAL CARE WHILE EMBARKED IN A U.S. NAVY SHIP**

I, _____ request permission for myself and/or the minor, _____, to embark as a guest on board USS JOHN C. STENNIS (CVN 74) for a Tiger Cruise transit from _____ to _____. Upon approval, I hereby release and discharge the government of the United States of America, the Department of the Navy, its officers, successors and assignees, from any and all claims of any nature of kind whatsoever that I or my assignees have or in the future may have against any of the aforesaid parties as the result of my embarking aboard USS JOHN C. STENNIS (CVN 74). Knowing the dangers, events, and circumstances of the premises, I consciously, knowingly, and voluntarily accept the risk of injury or damage to property that may arise.

Further, I hereby consent to all emergency medical or dental treatment which may, in the professional judgment of the Medical or Dental Officer of USS JOHN C. STENNIS (CVN 74), become necessary while I and/or the above named minor are embarked aboard. I understand that emergency care is treatment to preserve life or prevent further injury, and is the only type of care available and authorized for me aboard ship. Transportation to an extended care facility may be required as an adjunct to authorized emergency medical or dental care. There may be times during the transit that medical evacuation is not available. I realize that there is a limited range of extended care available on board USS JOHN C. STENNIS (CVN 74) for people with chronic or incipient medical problems. I represent that I do not and/or the above named minor does not require extended care. I understand that if medical or dental care is received, and if I or the above minor is not otherwise eligible to receive such care, I may be obligated to reimburse the U.S. Government per applicable U.S. Navy instructions.

Signature of Adult Tiger or
Guardian of Minor Tiger

Date